|  |
| --- |
| Membership Application Form**Japan Society of Nutrition and Food Science** |



日本栄養･食糧学会

Mail attached to eishokujimu@jsnfs.or.jp or send FAX to +81-3-6902-0072

 Date

Please check membership category you are applying for Regular □　Student □

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Name First Name and Middle Name

Date of Birth Male □　　Female□

 Month Day Year

Nationality

Please check the box of institution or home address for receiving publication.

□Institution/Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department

Position/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

City ,State,/Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code, Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□Home Address

 City ,State,/Province

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Status**

Graduated from

 Year

Doctorial Degree

Dates Degree Institution

**Major Field of Study**

Please check up to three items

|  |  |
| --- | --- |
| Nutritional Physiology |  |
| Nutritional Biochemistry |  |
| Molecular Nutrition |  |
| Public Health Nutrition |  |
| Clinical and Pathological Nutrition |  |
| Ecology of Eating |  |
| Cookery Science |  |
| Food Chemistry and Food Analysis |  |
| Food Functionality |  |
| Food Engineering  |  |
| Processing, Distribution, and Storage of Food |  |
| Hygiene and Safety of Food |  |
| Physiology |  |
| Biochemistry |  |
| Molecular Biology |  |
| Clinical Medicine (Internal) |  |
| Clinical Medicine (Surgical) |  |
| Others ( ) |  |
|  **Describe your research ( less than 10 words)** |  |
|  |
|  |
|  |

**Reference Information**

Introduced by

(The reference person must be a JSNFS member. If you are unable to find one, provide the name of your adviser or supervisor) .

,

**Membership Fees and Payment**

Annual membership fee is 10,000 yen for regular member or4,000 yen for student

Payment should be made by bank transfer to:

Mizuho Bank ,Waseda Branch Savings Account No. 2088982

 Bank Code 0001.

Bank charge is not included in the above annual fee,